

Mississippi Trauma Advisory Committee

Ramada Inn Southwest Jackson, Ms Minutes

December 12, 2003

MTAC Members Present:

Brian W. Amy, M.D., MHA, MPH
Hugh Gamble, M.D.
John Nelson, M.D.
John Riggs, EMT.P
Bennie Wright, M.D.
John Brahan, M.D.
Charles Piggott, M.D.
Christine Weiland, R.N.
Wade N. Spruill
William Avara, M.D.
Robert Galli, M.D.

MTAC Members Not Present:

William Billups, III, M.D.
David Cook, R.N.
Gregory Timberlake, M.D.
Ben Yarbrough, M.D.

Others Present:

Jim Craig
Keith Parker
Alisa Williams
Carrie McFarland
Jim Wadlington
Jonathan Chaney
Sammy Houston
Kelly Trinkner
Erin Granberry

I. Call to Order:

Meeting was called to order by Dr. Amy at 1:00 p.m.

II. Adoption of Minutes:

Motion made per Mr. Spruill to adopt minutes. Dr. Galli seconded motion.
Motion passed unanimously.

III. Director's Report:

Mr. Craig introduced new employees. Carrie McFarland, Trauma Registrar and Sammy Houston, Emergency Medical Services for Children (EMSC) Coordinator.

Mr. Craig reported that Trauma Inspections have continued from October through December.

Mr. Craig reported that the new trauma registry Request For Proposal has been approved. Currently, the ITS Department is reviewing this proposal.

Mr. Craig reported that Dr. Amy had presented the MSDH budget to the Legislative Budget Office and had requested an additional two million dollars to be added to the Trauma Care Trust Fund.

Mr. Craig reported the First Annual MS Trauma Symposium was held in Philadelphia, MS in October. Plans are to have the second annual symposium in late 2004.

Mr. Craig reported that Horn CPA Group has scheduled the Trauma Reimbursement workshops for January 2004.

IV. Reports:

A. Central Region:

Jim Wadlington reported that the Central Trauma Care Region has approved education grants for ATLS for physicians and the Trauma Nurse Core Courses for nurses in the CTCR. Grants were approved for six nurses in the Central Trauma Care Region for Advanced Trauma Nurse Course to be held in Phoenix Arizona. Grants have been approved for pre-hospital providers for a critical care EMT courses. The Central Trauma Care Regional plan has been distributed to pre-hospital members, participating hospitals, and non-participating hospitals.

B. North Region:

Dr. Piggott reported that the North Trauma Care Region bi-annual Education Conference was held in November. Another conference is planned for the Spring and ATLS will be offered.

C. Delta Region:

Dr. Wright reported that two members from the Delta Trauma Care Region attended the Trauma Resource Network meeting in San Diego. Dr. Wright

reported that the Delta Trauma Care Region has discussed splitting the region into two parts and are working on supporting documentation to be submitted to the State Health Officer.

D. Southwest Region:

Jimmy McMannus reported that the Southwest Trauma Care Region is implementing pre-hospital protocols and educating providers on those protocols. He reported that grants are being distributed to hospitals for awareness and injury prevention of youth.

E. Southeast Region:

Dr. Brahan reported performance improvement issues are being monitored through the Southeast Trauma Care Region. Education continues for Trauma Nurse Core Course and Injury Prevention.

F. Coastal Region:

Dr. Avara reported that the Annual Coastal Trauma Symposium is in the works. Emphasis this year is geared toward nursing and pre-hospital workers. Dr. Avara reported that the Coastal Trauma Care Region is supporting a legislative initiative to strengthen state seatbelt laws.

Dr. Avara reported that they are still having problems with transfer agreements, especially with hospitals outside of the state.

G. East Central:

Jim Wadlington reported that education for nurses and physicians is ongoing in the East Central Trauma Care Region. The region is continuing to monitor performance improvement issues.

H. Old Business: None

I. New Business:

Proposed Changes to Trauma Registry Inclusion Criteria:

Dr. Galli presented the proposed changes to Trauma Registry Inclusion Criteria that were approved by the Trauma Sub-committee.

There was a motion by Mr. Spruill to accept the proposals. There was a second by Dr. Nelson. This proposal was accepted by a unanimous vote.

Proposed Changes to Level IV Trauma Center Regulations:

Dr. Galli presented the proposed changes to Level IV Trauma Center Regulations that were approved by the Trauma Sub-committee.

There was a motion by Mr. Spruill to accept the proposals. There was a second by Dr. Gamble. Proposals were accepted by a unanimous vote.

Proposed Changes to Trauma Center Inspection Process:

Dr. Galli presented the proposed changes to the Trauma Center Inspection Process of the Level IV Trauma centers that were approved by the Trauma Sub-committee.

Dr. Galli made a motion to accept proposal. There was a second by Dr. Gamble. Proposals were accepted by a unanimous vote.

Proposed Changes to Level IV Trauma Center Uncompensated Care Reimbursement:

Dr. Galli presented the proposal approved by the Trauma Sub-committee to take the Level IV hospitals out of the reimbursement formula and provide Level IV Trauma Centers \$10,000.00 per year.

Dr. Gamble stated that the Trauma Sub-committee considered this to be a positive financial aspect for Level IV hospitals. There was discussion on how it would impact physician reimbursement. Dr. Gamble said that there would be no impact on physician reimbursement.

Dr. Avara made a motion to accept the proposal. There was a second made by Mr. Spruill. This proposal was accepted by a unanimous vote.

Proposed Changes to Level I, II, and III Trauma Center Uncompensated Care Reimbursement:

Dr. Galli presented the proposal approved by the Trauma Sub-committee for changes to the Level I, II, and III Trauma Center Uncompensated Care Reimbursement formula. This proposal would increase the percentage to Level I Trauma Centers by 1% and to Level II Trauma Centers by 5% in years 1-2. Year 3-4 will increase the percentage to Level I Trauma Centers by 2% and to

Level II Trauma Centers by 10%. Year 5-6 will increase the percentage to Level I Trauma Centers by 3% and to Level II Trauma Centers by 15%.

Mr. Spruill reported that the Mississippi Hospital Association and the Southeast Trauma Care Region are opposed to changes in current reimbursement process that would adversely affect the uncompensated care reimbursement to any facility.

After further discussion, Dr. Avara made a motion that the proposal be accepted. Dr. Gamble seconded the motion. The proposal was approved by a vote of seven in favor and three against. The proposal was approved by a majority vote.

Out of State Trauma Patient Transfer Study Report:

As requested by the MTAC, Mr. Parker presented a report on Out-of- State Trauma Patient Transfers. A hand out of this study was given to the MTAC members. No further discussion.

Regional Trauma Transfer to “The Med” Study Report:

As requested by the MTAC, Mr. Parker presented a report on Regional Trauma Transfers to The Med. A hand out of this study was given to the MTAC members. No further discussion.

Primary Seatbelt Law:

Dr. Short made a brief presentation to the MTAC regarding upcoming primary seatbelt legislation.

Changes to Trauma Center Levels:

Mr. Parker reported that Rush Foundation Hospital and Trace Regional Hospital are opting out of the system. Riley Memorial Hospital, Natchez Regional Hospital, Natchez Community Hospital, and Greenwood Leflore Hospital are requesting to be re-designated as Level IV Trauma Centers.

J. Confidential Session:

MTAC enters into confidential session

K. Adjourn at 3:30 p.m.